

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

2023 JAN 20 AM 9: 57

 $\frac{13_{\text{CV}} \cdot 396}{\text{Write the full name of each plaintiff.}}$ (Include case number if one has been assigned)

-against-

Howard Sterry Fedral government U.S.A

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

AMENDED

COMPLAINT

Do you want a jury trial?

☐ Yes ☒ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

Rev. 2/10/17

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

🛛 Federal Question	
☐ Diversity of Citizenship	
A. If you checked Federal Question	
Which of your federal constitutional or fed INVASION OF PNIVACY, A Numillation Tanget	deral statutory rights have been violated? HONASSM ENT. WENTER ENGLISH FOR LUBLIC
B. If you checked Diversity of Citiz 1. Citizenship of the parties	zenship
Of what State is each party a citizen?	
The plaintiff , (Plaintiff's name)	, is a citizen of the State of
(State in which the person resides and inte	ends to remain.)
or, if not lawfully admitted for permand subject of the foreign state of	ent residence in the United States, a citizen or
If more than one plaintiff is named in the cinformation for each additional plaintiff.	complaint, attach additional pages providing

If the defendant is an individual:
The defendant, Howard Stern , is a citizen of the State of (Defendant's name)
NewYork
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If the defendant is a corporation:
The defendant, Howard Stern, is incorporated under the laws of
the State of New Yank
and has its principal place of business in the State of
or is incorporated under the laws of (foreign state)
and has its principal place of business in
If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.
II. PARTIES
A. Plaintiff Information
Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.
Kasim Saidi First Name Middle Initial Last Name
411 Van Siclen AVE Street Address
Brooklyn N.Y. 11207 County, City State Zip Code
347-595-3776 Mohammad Mazel 315 @ gmail-Com Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	Howard	Stern		
	First Name	Last Name	,	
	92.3 K ROCK	Radio Touk sh	ow Host	
	Current Job Title (or c	other identifying information)		
	America got	Talent show that	ap	
		s (or other address where defen	dant may be served)	-
		•		
	County, City	State	Zip Code	
Defendant 2:	CIA Fea	Ital governme	nt	
	First Name	Last Name	•	
	Current Joh Title (or o	other identifying information)		-
	Current dot ride (or c	the lacitarying information,		
	Current Work Addres	s (or other address where defen	dant may be served)	
				_
	County, City	State	Zip Code	
Defendant 3:				
	First Name	Last Name		
	Current Job Title (or o	other identifying information)		
	Current Work Address (or other address where defendant may be served)			
	County, City	State	Zip Code	

Defendant 4:			
	First Name	Last Name	
	Current Job Title (or c	other identifying information)	
	Current Work Addres	s (or other address where defe	endant may be served)
	County, City	State	Zip Code
III. STATEMI	ENT OF CLAIM		
Place(s) of occur	rrence: My APP	artment	
Date(s) of occur	rence: 1991 y	CAIL	
FACTS:			
	nat each defendant pers	ort your case. Describe what he sonally did or failed to do tha	
I was Ho	ward stern R	adio show Fam	* and 93.3 KROCK
music/	Eam. one do	as Howard said he	is situated by
Fedral gov	ernment hol		· *
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I Kepton	taking off f	nom work, beca	use that was
Un Comforte	able where an	ierry body is on y	owcesse.
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I was cho	malnox APParto	ments, Finally s	ome body said he
15 Feelh	rex + o comfort	able in the is coun	Why, all in The Sudder
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started go	olng Cross Col	intry Lookin	ox For work but, I couldn't get
still both	ered every;	where I lived	, I couldn't get
a Job, stil	I I am bothered	and atterched by b	wilding manager

and I am a senior now 65 years old every where I
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From my bank ocalent, my Phone line is Hacked, 2018
Rode station 10.10 win news Rode Un leasned Her Panics
Pakistany, Indians, Bengladishees, Afghans and Black
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even out side Tecountry Black People stalking me even
now, and I am only one forson I have no body helfing
measa senjar and I have to get out of this country
Jonly make 338-00 social security
INJURIES:
If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.
Humeliation, wenthal anguish, abuseas senior.
Lost of 31 years wages That I couldn't work
Since 2006 I am Looking For Work Can not find
one. Lost of 31 Years or Years. every body very
easily can Throw adartect me, because I am Target.
IV. RELIEF
State briefly what money damages or other relief you want the court to order.
1 Billion Dollars in damages.
and I want the evel Tall away from my back
and The situation stop from me.
and The situation stop from me. I Feel like a Fugitive for decades. Thank you

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

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01/19/2023	Kal	
Dated	Plaintiff's Si	gnature
Kasin ×	1. Saide	
First Name , // Mid	dle Initial Last Name	
411 Van Sklen 1	AVE	
Street Address		
Brooklyn	New Yark	11207
County, City	State '	Zip Code
347-595-37	16 Mohamm	adrazegr 315@ gwall - Co
Telephone Number	Email Addre	ess (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes 🕱 No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.